



## TENNESSEE CORRECTIONS INSTITUTE INSPECTION REPORT

\_\_\_\_\_ Initial Inspection

\_\_\_\_\_ Re-Inspection

Name of Facility : \_\_\_\_\_ Type of Facility : \_\_\_\_\_

Location : \_\_\_\_\_

Street

City

Zip

County

County Mayor, City Mayor, or  
City Administrator:

Name

Title

Phone Number

Location : \_\_\_\_\_

Street

City

Zip

Facility  
Administrator:

Name

Title

Phone Number

Facility  
Manager :

Name

Title

Phone Number

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Date of Re-inspection

- ( ) Certify  
( ) Do not certify  
( ) Re-inspection required

# INSPECTION REPORTING FORM

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

TYPE: \_\_\_\_\_

- ( ) Not Overcrowded
- ( ) Overcrowded/County prisoners (plan attached)
- ( ) Overcrowded /County/State Prisoners (Attach ADP Calculations)
- ( ) Currently operating under TCI approved plan
- ( ) Sufficient progress made on plan of action
- ( ) Status change recommended
- ( ) Capacity Change

Following information provided by: \_\_\_\_\_

Name

Title

Standards not met:

1400-1-.04 Physical Plant (check where applicable)

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____
7 _____	8 _____	9 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____	17 _____	18 _____
19 _____	20 _____	21 _____	22 _____	23 _____	24 _____
25 _____					

Additional Comments/Recommendations:

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1400-1-.05 Administration and Management:

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____
7 _____	8 _____	9 _____	10 _____		

Additional Comments/Recommendations:

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1400-1-.06 Personnel:

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____
7 _____					

Additional Comments/Recommendations

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1400-1-.07 Security

1 _____	2 _____	3 _____	4 _____	5 _____	6 _____
7 _____	8 _____	9 _____	10 _____	11 _____	12 _____
13 _____					

Additional Comments/Recommendations:

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1400-1-.08 Discipline:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Additional Comments/Recommendations:

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1400-1-.09 Sanitation/Maintenance:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Additional Comments/Recommendations:

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1400-1-.10 Food Services:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Additional Comments/Recommendations:

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1400-1-.11. Mail and Visiting:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7 \_\_\_\_\_ 8 \_\_\_\_\_

Additional Comments/Recommendations:

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1400-1-.12 Programs and Activities:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7 \_\_\_\_\_ 8 \_\_\_\_\_

Additional Comments/Recommendations:

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1400-1-.13 Medical Services:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_  
13 \_\_\_\_\_ 14 \_\_\_\_\_

Additional Comments/Recommendations:

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1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
7

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1 2 3 4 5

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1
2

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Exit Interview		( ) Initial Annual Reports
	Name	( ) Re-inspection
	Title	

[illegible]

CI-0047 (Rev. 1/12)